

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-873)							SERIAL NO. 09/980645	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							51					
2							52					
3							53					
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47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.	3		49		3
TOTAL DEP.							TOTAL DEP.	57		12		15
TOTAL CLAIMS							TOTAL CLAIMS	60		61		18

PTO-1200 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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